

Building and Public Works Laborers Vacation Trust Fund
4633 Liuna Way, Suite 201
Deforest, WI 53532

**Authorization Form For
Direct Deposit/Electronic Fund Transfer**

Participant Information *(Please type or print clearly)*

Name: _____

Social Security Number: _____ Phone No: () _____

Address: _____

(Please notify the Fund Office if you change your home mailing address)

Bank Information: *(Please contact your bank for this information)*

Name of Institution: _____ Phone No: () _____

Address: _____

Type of Account (Must be Checking OR Savings ONLY) _____

Account Number: _____

Bank Routing Number: _____

If you selected the type of account as checking you should also include a voided check to ensure the correct account number is listed

I authorize Building and Public Works Laborers Vacation Trust Fund to automatically deposit my vacation benefit payment into my account listed above. (This includes my authorization to correct any entries made in error.) The authorization will remain in effect until I give written notice to cancel it. ****Please note if this is your first disbursement for the Vacation Fund, a check will be issued. You will be reimbursed the \$10 fee, if applied.**

Participant Signature

Date

Return via email: eligibilitywl@benesys.com

Upload to Eligibility: www.wilbenefits.com scroll to Upload your file to Eligibility

Fax to: 608-846-3192

Mail to: 4633 Liuna Way, Suite 201, Deforest, WI 53532